Vigilance Department which has ordered a full-fledged vigilance inquiry on 24.1.2008 to look into all the irregularities pointed out in the World Bank report.

Statement

World Bank assisted Health System Development Projects in different States during the period 1997—2003

Project Name	Year of Approval	Year of completion on	Net Commitment amount (in US $ million)
Single/Multi state projects			
UP Health Systems Development Project	April-00	Dec.-06	79.9
Orissa Health Systems Development Project	June-98	March-06	82.1
Maharashtra Health Systems	1998	2005	134
Population IX (Rajasthan, Assam, Karnataka)	1994	2001	88.6
AP 1st Referral II Health Systems	1994	2002	133
State Health System II (West Bengal, Karnataka, Punjab)	1996	2004	350
Population VIII (Delhi, Hyderabad, Bangalore, Kolkata)	1992	2002	79
TOTAL			**946.6**

Cosmetics containing heavy metals

1605. PROF. ALKA BALRAM KSHATIRYA:
SHRI VIJAY J. DARDA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that most of the cosmetics available in the country particularly lipsticks contain lead, arsenics and other heavy metals which can cause health hazards;

(b) if so, the details thereof;

(c) whether Government proposes to take concrete steps to ensure availability of cosmetic items free from such dangerous contents; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) Yes, Sir. A private study conducted by a group has made claims that certain cosmetic products available in the country contain higher amount of lead, arsenics and other heavy metals.

(c) and (d) The Drugs and Cosmetics rules provide maximum limits of such heavy metals in cosmetics and standards to which these cosmetics should conform. The State Licensing Authorities for cosmetics take action for violation of these standards under the said rules.

Life expectancy

1606. SHRI S. ANBALAGAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the present life expectancy of male and female in the country;

(b) whether life expectancy in the country is very less as compared to developed countries such as Japan and USA;

(c) if so, the details thereof and the steps proposed to be taken to increase the life expectancy in the country;

(d) whether the infant mortality is very high in the country as compared to most of the other countries; and

(e) if so, the details thereof and the steps proposed to be taken thereon?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) According to the estimates released by the Office of Registrar General of India, the life expectancy at birth for Indian males and females corresponding to the mid year 2003 is 62.3 and 63.9 years respectively, giving an overall life expectancy as 63.2 years. Further, as per the report "State of the World's Children, 2008," published by UNICEF, the life expectancy at birth for Japan and USA are 82 and 78 years respectively in 2006. Statement-I gives the Life Expectancy at birth for selected countries including India.

To improve primary health care system and provide medical facilities to citizens in rural areas, the Government has initiated comprehensive health sector reforms. The National Rural Health Mission (NRHM) is the main vehicle for these reforms and is a flagship programme of the Government. It is being operationalized throughout the country, with special focus on 18 states which includes 8 Empowered Action Group States (Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Uttar Pradesh, Uttaranchal, Orissa and Rajasthan), 8 North-East States, Himachal Pradesh and Jammu & Kashmir. The main aim of NRHM is to provide accessible, affordable, accountable, effective and reliable primary health care facilities, especially, to the poor and vulnerable sections of the population. NRHM seeks to strengthen the Public Health delivery services at all levels. The interventions/initiatives launched under the NRHM aim to reduce mortality and morbidity so that the life expectancy of the people will improve.

(d) and (e) The Infant Mortality Rate of India and some selected countries is given in the Statement (*See* below). Government of India has initiated several measures to bring down the Infant Mortality Rate in the country. A major initiative is the implementation of the Integrated Management of Neonatal and Childhood Illness (IMNCI) strategy, which adopts a holistic approach to the management of the commonest causes of neonatal and childhood mortality—sepsis, acute respiratory infections, diarrhoea, measles and malaria, all coumpounded by malnutrition. IMNCI is to be implemented throughout the country in a phased manner. In addition, thrust is being given to ensure institutional deliveries and train health personnel on essential newborn care so that skilled attendance at birth is available